	<p><b>DELAWARE HEALTH AND SOCIAL SERVICES</b></p> <p>Division of Services for Aging and Adults with Physical Disabilities</p>	<p><b>Assisted Living Service Specification Acquired Brain Injury Waiver</b></p>
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## **ASSISTED LIVING WAIVER SERVICE SPECIFICATION**

### **1.0 SERVICE DEFINITION**

- 1.1 Assisted Living services are divided into the following two (2) tiers of service.
  - 1.1.1 Basic Assisted Living encompasses personal care and supportive services (homemaker, chore, attendant services, and meal preparation) that are furnished to waiver participants who reside in a homelike, non-institutional setting that includes 24-hour on-site response capability to meet scheduled or unpredictable resident needs and to provide supervision, safety and security. Services also include social and recreational programming, and medication assistance (to the extent permitted under State law). Services that are provided by third parties must be coordinated with the assisted living provider.
  - 1.1.2 Enhanced ABI Assisted Living is intended to provide a supplemental service rate or additional reimbursement for psycho-social Assisted Living services that are beyond the scope of Level I or Basic Assisted Living in the State of Delaware. This reimbursement level exists in recognition of the fact that some participants with ABI will require more attention because of the nature of their injuries. At this level, an example of additional attention may include prompting to carry out desired behaviors and/or to curtail inappropriate behaviors. In the care planning process, case managers will coordinate with assisted living service providers to determine appropriate care needs and reimbursement levels
- 1.2 In the event of conflict between these specifications and the 3225 Assisted Living Facilities regulations as published in the Delaware Administrative Code, the higher standard or requirement will apply.

### **2.0 SERVICE GOAL**

- 2.1 Assisted Living is a philosophy of care which emphasizes participant independence, choice, privacy and dignity.

### **3.0 SERVICE UNIT**

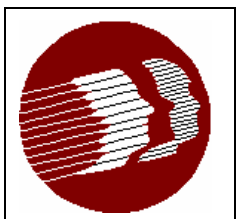
- 3.1 The unit of service is one (1) day of service based on seven (7) levels of care/reimbursement.
  - 3.1.1 The level of care/reimbursement is determined by Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) or authorized agent.

### **4.0 SERVICE AREA**

- 4.1 Providers are permitted to serve sub-areas of the state.

### **5.0 SERVICE LOCATION**



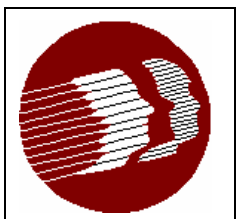
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- 5.1 Assisted Living services may be furnished by licensed facilities within the State of Delaware as defined by the Delaware Administrative Code for Assisted Living Facilities.

## **6.0 DESCRIPTION OF SERVICES**

- 6.1 Assisted Living services are to be prior-authorized by the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) or designated Case Management Provider (CMP).
- 6.2 Providers enrolled in the Acquired Brain Injury Assisted Living Medicaid Waiver Program are reimbursed a per diem rate based on the service unit.
- 6.3 Enhanced reimbursement is available for participants who require psycho-social behavioral care that are beyond the scope of the basic expected Assisted Living care in the State of Delaware.
- 6.3.1 Psycho-Social Behavioral Care is for participants who demonstrate ongoing behavioral patterns which increase the amount of staff time needed to care for those participants. The behavior must occur at least weekly, and be documented as such.
- 6.4 To qualify for enhanced reimbursement, a care plan must be created that includes all of the following items:
- 6.4.1 Problem Statement
  - 6.4.2 Desired Outcome (goal)
  - 6.4.3 Appropriate Interventions
  - 6.4.4 Outcome Statement (results)
  - 6.4.5 Alternate Interventions (when initial interventions fail)
  - 6.4.6 Additions/changes to care plan must be signed and dated
- 6.5 Supporting documentation must exist for an enhanced reimbursement request (e.g., treatment sheets, behavior flow sheets)
- 6.6 Based upon a documented change in the participant's condition, the provider may request a Division of Services for Aging & Adults with Physical Disabilities (DSAAPD) and designated Case Management Provider (CMP) review of the participant's level of care/reimbursement. Such a review may occur no more frequently than quarterly.
- 6.7 Medicaid does not reimburse Assisted Living providers for room and board. The participant is responsible for these charges.
- 6.8 Medicaid reimbursement does not include the participant's patient pay amount.



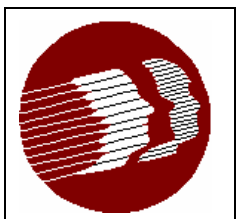
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- 6.9 Medicaid does not reimburse Assisted Living providers while the participant is physically absent from the facility due to a hospitalization or non-medical/social leave of absence.
- 6.10 Acquired Brain Injury Assisted Living (ABIAL) providers may bill the per diem rate for date of admission but not date of discharge. EXCEPTION: ABIAL providers may bill for the day the participant leaves the assisted living facility for social/hospitalization (transfer) and the day the participant returns to the assisted living facility after social/hospitalization.
- 6.11 ABIAL participants are also eligible for all services normally covered by the Delaware Medical Assistance Program (DMAP).
- 6.12 The DMAP may cover medically necessary skilled nursing visits to an assisted living participant on a non-medical/social leave of absence within the State of Delaware. Prior authorization must be obtained through the designated Case Management Provider (CMP).
- 6.13 The DMAP may cover medically necessary skilled nursing visits in the assisted living agency. Prior authorization must be obtained through the designated case management provider.
- 6.14 The DMAP does not cover home health aide services in the assisted living agency. (Personal care services provided in the assisted living agency are reimbursed as part of the ABIMWP per diem rate.)
- 6.15 The DMAP will not cover the assisted living per diem if an assisted living participant elects hospice. Services included in the assisted living per diem duplicate the services included in the hospice per diem.

## **7.0 SERVICE STANDARDS**

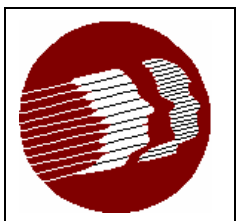
- 7.1 The provider will meet and comply with all federal, state and local rules, regulations and standards that are applicable to the services provided through the ABI Waiver.
- 7.2 The provider must accept the reimbursement rates published by DSAAPD as payment in full for each participant the ABIAL provider admits.
- 7.3 The provider must collect the participant's patient pay amount.
- 7.4 The provider must notify the Division of Medicaid & Medical Assistance (DMMA) regarding any change in participant insurance coverage.
- 7.5 The provider must maintain participant confidentiality.



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- 7.6 The provider must ensure access to authorized representatives of Delaware Health and Social Services and/or Center for Medicare and Medicaid Services (CMS) to the participant's records.
- 7.7 The provider must ensure access to the Assisted Living facility to authorized representatives of Delaware Health and Social Services.
- 7.8 The provider must ensure that participants who have grievances or complaints receive a timely response and whenever possible, participant' grievances and complaints are resolved. A written record of all such grievances and complaints must be maintained by the ABIAL provider. Such records are open for review by representatives of DSAAPD, the Division Long Term Care Resident Protection (DLTCRP) and DMMA.
- 7.9 At any time throughout the grievance or complaint process, the provider must facilitate the participants ability to contact any of the following:
  - 7.9.1 Service delivery concerns should be directed to the designated CMP, or DSAAPD.
  - 7.9.2 Service delivery concerns can be directed to DMMA, the state Ombudsman, or DLTCRP.
  - 7.9.3 Retaliation against participant's, family members, staff or others who complain or report grievances is prohibited.
- 7.10 The provider must notify in writing (at least 30 days in advance) the designated case management provider, DSAAPD, and participant of plans to discharge from the AL provider agency.
- 7.11 The provider must notify in writing to DSAAPD and DMMA when changes, such as the following occur:
  - 7.11.1 A change in ownership, including a change in the membership of boards of directors or other corporate governing bodies.
  - 7.11.2 A change in the provider agency's director.
  - 7.11.3 Any change in the legal representation of the provider agency.
- 7.12 Providers must notify DSAAPD at least 60 days in advance for planned changes, and immediate notification when unforeseen changes occur. Contracts with Acquired Brian Injury provider agencies may not be transferred when a change in ownership or corporate structure occurs. DMMA will determine if a new contract must be negotiated with the ABIAL provider.
- 7.13 The provider must have the capacity for electronic billing.
- 7.14 The provider must have the capacity to meet the current and changing service needs of participants they admit under the ABIAL.
- 7.15 The provider must offer routine nursing services. (Routine Nursing Services are provided by a registered nurse [RN] or a licensed practical nurse [LPN] and includes assistance with



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medication administration (\*) insulin/other injections, blood sugar monitoring; and nursing assessment.) (\* Under an amendment of the Delaware Nurse Practice Act, assistance with self-administration of medications, other than by injection, may be provided by caregivers who have successfully completed a State Board of Nursing approved medication training program [24 Delaware Code, Chapter 19, Subsection 1921(a)(16)]).

- 7.16 AL provider staff must be professionally qualified and the provider shall have written personnel policies.
- 7.17 The provider cannot be a representative payer for a participant.